	PATENT		CATIC	·	10/	4	56,0	24						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								_	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED O			NUMBER EXTRA			RATE	FEE	7	RATE	FEE	
BASIC FEE					. हा. हा. १					3/5/00	OR		760.00	
TOTAL CLAIMS			10	minus	20=	•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			- (minus	3 =	•			·		OR			
MULTIPLE DEPENDENT CLAIM PRESENT											1			
• If the difference in column 1 is less than zero, enter *0" in column 2								'	TOTAL	375	OR	TOTAL	·	
CLAIMS AS AMENDED - PART II									701742		100	OTHER	THAN	
			mn 1) (C			Column 2) (Column 3)			SMALL	ENTITY	OR	SMALL		
AMENDMENTA		REMA	IMS INING TER DMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	·	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 7	,	Minus	**	20	<u> </u>		X\$ 9=		OR	X\$18=		
	Independent	- 1		Minus		3	Ė				OR	X .=		
	FIRST PRESE	NTATIO	N OF MI	ULTIPLE DE	PEN	DENT CLAIM			,		OR	·		
		-						L	TOTA			TOTAL		
		(Colu	mn 1)	_	"	Column 2)	(Column 3)	•	VDDIT. FEI	E L	10	ADDIT. FEE	<u> </u>	
AMENOMENT B		CLA REMA AFT AMENO	IMS INING ER		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 10		Minus	44	20.	-		X\$ 9=		OR	X\$18=		
	Independent	• •	\	Minus	***		2			100	OR	X ,=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	<u> -</u>		
•						" .			TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)										<u> </u>		ADDIT, FEE		
<u>≅</u> ⊦		CLA	MS			HIGHEST		Г		ADDI-	1 1		ADDI-	
		REMAI AFT AMENO	ER		PF	NUMBER LEVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	*		Minus	##		=		X\$ 9=		OR	X\$18=		
	Independent ·	*		Minus	***		e ·	·ŀ	X =	 		X =	-	
<u> </u>	FIRST PRESE	OTATA	OF ML	UTTIPLE DEF	PEND	ENT CLAIM		-	 -	 	OR			
* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.											OR			
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE	L		
	ne Highest Num							r four	rd in the eq	ppropriate bo	x In ool	umn 1.		

Application or Docket Number